

# OFFICIAL PARKING APPLICATION

## GENERAL INSTRUCTIONS

1. Application is to be fully completed by typing. Incomplete or hand prepared applications will be returned. Shaded areas are to be completed by DOT. Use authorized abbreviations whenever possible.
2. New, Change or Recertification Applications:
  - a. Items 3 thru 8 and Items 11 and 12 are to be completed by applicant.
  - b. Item 10 is to be completed by carpool members, if applicable.
  - c. Item 9: HANDICAPPED - FAA or USCG Clinic Physicians complete.  
EXECUTIVE/OVERTIME and SHIFTWORK - Designated Administration Officials complete.
3. Withdrawal Applications or report of Lost Permits - Items 3, 6A, and 8 are to be completed by applicant.

## SPECIFIC INSTRUCTIONS

- Item 1 - Permit Number - Assigned by DOT.
- Item 2 - Date Issued - Completed by DOT.
- Item 3 - Application Type (Indicate type of application.)
- Item 4 - Location Desired - Indicate building.
- Item 5 - Priority Group - See DOT 1700.19C for qualifying requirements.
- Item 6 - Applicant's Name - Type name and address on three lines.
- Item 7 - Applicant only.
- Item 8 - Signature of applicant and date signed.
- Item 9 - Certifying Official - for all priority groups except D E, G, and H.
- Item 10 - Carpool member information (see Item 6, above) and signature of carpool member(s).
- Item 11 - TYPED Name of Applicant.
- Item 12 - Full office telephone number of applicant.
- Item 13 - Back of Application.

## PRIVACY ACT DISCLOSURE

1. The collection of personal data from persons seeking DOT parking privileges in the Washington DOT buildings is authorized by P.L. 89-670, the Department of Transportation Act, October 15, 1966.
2. The submission of this form is voluntary; however, those individuals who do not submit a form or who do not provide all the requested data on the form will not be considered for issuance of a parking permit. The data will be used to issue parking permits, manage the parking facilities, expand car pools through a carpool locator system, and to other Federal Parking Offices for carpool validation.
3. The personal data supplied will be made available to persons seeking to expand carpooling in DOT, and to other Federal Parking Offices for carpool validation. No other disclosures will be made.

# FORM MUST BE TYPED

Form DOT F 1700.9 (8-91)

1. PERMIT NO.	2. DATE ISSUED	3. APPLICATION TYPE A <input type="checkbox"/> NEW      C <input type="checkbox"/> RECERTIFICATION B <input type="checkbox"/> CHANGE	4. LOCATION DESIRED A <input type="checkbox"/> NASSIF BLDG. B <input type="checkbox"/> FOR 10A C <input type="checkbox"/> TRANSPORT	FOR DOT USE
5. PRIORITY GROUP A <input type="checkbox"/> PHYSICAL HANDICAP    D <input type="checkbox"/> CARPOOL    G <input type="checkbox"/> MOTORCYCLE B <input type="checkbox"/> JOB REQUIREMENTS    E <input type="checkbox"/> VANPOOL    H <input type="checkbox"/> BICYCLE C <input type="checkbox"/> SHIFT-WORKER    F <input type="checkbox"/> TENANT			VALIDATION DATE/TIME STAMP	
6A. APPLICANT'S NAME AND RESIDENCE ADDRESS (1) Last, First, MI (2) Number and Street or Box Number (3) City, State, Zip Code, County (4) VEH TAG'S NO'S		6B. APPLICANT'S BUSINESS ADDRESS (WORK LOCATION) (1) Dept., Admin., & Rtg. Sym    (3) City, State, Zip Code (2) Number and Street    (4) Office Telephone Number (5) ROOM NO'S		7. GRADE/RANK
8A. <b>Carpool and vanpool applicants only.</b> I hereby certify that to the best of my knowledge and belief, all employees listed in my application for a parking permit are regular members of my carpool/vanpool. (Read WARNING on reverse before signing).		9A. CERTIFYING OFFICIAL'S TITLE		9B. CERTIFICATION DURATION
8B. SIGNATURE OF APPLICANT		9C. SIGNATURE OF CERTIFYING OFFICIAL		9D. DATE

13. REMARKS/VIOLATION RECORD	

ITEM 13 - CHANGE OF PERMIT HOLDER =

- A) HOLDER MUST BE A DOT EMPLOYEE
- B) NEW HOLDER MUST BE A CURRENT MEMBER OF RECORD
- C) NEW HOLDER MUST SUBMIT AN UPDATED APPLICATION (DOT 1700.9)
- D) CHANGE OF APPLICANT, MUST BE DONE AT THE EARLIEST TIME.
- E) REMINDER = CARPOOLS MUST BE H.O.V.
- F) RIDERS MUST WORK [1] ONE MILE RADIUS FROM DOT-10.A-C.G. HQ.

ITEM 14 - I.D. REQUIRED FOR ALL TRANSACTIONS.

**"WARNING"**

Falsification of information or signatures, or inclusion of employees not participating regularly as carpool members will result in revocation of parking privileges. For purposes of this certification, regular members of a carpool are those employees who ride to and from work at least six one way trips each week and does not include casual riders. ALL ITEMS WILL BE VERIFIED.

**THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO CRIMINAL PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001.**

10 - CARPOOL MEMBERS  
(Do NOT Repeat Applicant's name)

A. NAME AND RESIDENCE ADDRESS (1) Last, First, MI (2) Number and Street or Box Number (3) City, State, Zip Code, County	B. BUSINESS ADDRESS (WORK LOCATION) (1) Dept., Admin., & Rtg. Sym./Company Name (2) Number and Street (3) City, State, Zip Code (4) Office Telephone Number	C. SIGNATURE D. VEH. TAG NO'S		
1		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
2		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
3		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
4		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
5		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
6		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
7		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
8		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
9		<i>I hereby certify that I am a regular member of this carpool/vanpool. Read WARNING before signing.</i>		
11. NAME OF APPLICANT ( <i>Last, First, MI</i> ) ( <i>TYPED</i> )	12. OFFICE TEL. NO.	FOR DOT USE	CARD OF	PERMIT NUMBER